Commonwealth of Kentucky
Office of Public Employee Health Insurance

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION BY OPEHI

I, **(1)** Jane Doe (Print Name of Employee) 999 - 99 - 9999 (Social Security Number) and 01 / 01 / 2004 (Date of Birth)

authorize the OPEHI to provide the following specific information: **(2)** About my health coverage and flexible spending accounts.

to: **(3)** John Doe (Name of Authorized Person to receive information) my **(4)** Spouse (Authorized person and/or relationship to Employee)

whose mailing address is: **(5)** 111 Nothing Dr. (Mailing Address) Frankfort (City) KY (State) 40601 (Zip code) (502)555-5555 (Telephone)

The information will be used to: **(6)** Obtain information about my health plan.

Password or phrase to verify identity of the authorized person receiving information, in the event the disclosure is by phone: **(7)** Dog
(i.e. Smith, or Disneyworld, or Frizzel)

Hint for password or phrase: **(8)** Favorite Pet
(i.e. Mother's maiden name, or Favorite vacation destination, or Pet's name)

I understand that:

a. The information disclosed will pertain to eligibility; enrollment; disenrollment and qualifying events.
b. All issues concerning payment of claims and benefits covered need to be directed to the carriers, not OPEHI. Any information that is requested from the carrier may require an additional authorization form to be completed with that carrier.
c. I can revoke this authorization before it ends, except for information already disclosed, by writing to or by calling:

   Office of Public Employee Health Insurance
   200 Fair Oaks Lane, Suite 502
   Frankfort, KY 40601
   (502) 564-0358

d. There may be a reasonable, cost based fee charged by the OPEHI to process the requested information. Postage (as necessary) shall be charged.
f. ** The information released under this authorization may be subject to re-disclosure by the authorized person **(10)** below and the re-disclosure **may not** be protected under federal/state regulations.

This authorization is good until **(9)** 12 / 31 / 2004 (Date) or Revoked by me (Event)

(10) Jane Doe (Signature of Employee) ** 01 / 01 / 2004 (Date)

(11) 111 Nothing Dr. (Mailing Address) Frankfort (City) KY (State) 40601 (Zip code)

For Official Use Only

UserID

Date